Getting Started:
Developing Your RHIO

Presented through:

Arizona's
Rural Health Information Technology Adoption Program

Agenda

- The National Perspective
- The Arizona Approach
- The Reason We're Here Today
- Moving from Understanding to Action
- What Needs to be Done in Your Community?
- Help and Assistance is Available
- What You Can Do Now
- What Questions do you have?
- Closing

The National Perspective
Crisis in American Healthcare

- Health care costs are **rising at over three times the rate of inflation**, jeopardizing the viability of all public and private healthcare financing plans as they exist today.

- United States currently spends more than **15% of its GDP** on healthcare, yet 44 million Americans have no healthcare insurance.
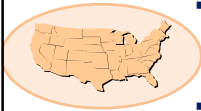
- **98,000 hospital deaths** each year due to medical errors; more than 1,000,000 serious medication errors; $100 billion per year spent on redundant treatment and mistakes.

- The World Health Organization ranks the United States healthcare system as first in cost, **but 39th in quality**.

- **Consumerism is rising** in healthcare under the banner "Consumer Driven Healthcare".

The Health Information Environment Today

"Providers are Challenged and Patients Need Results"

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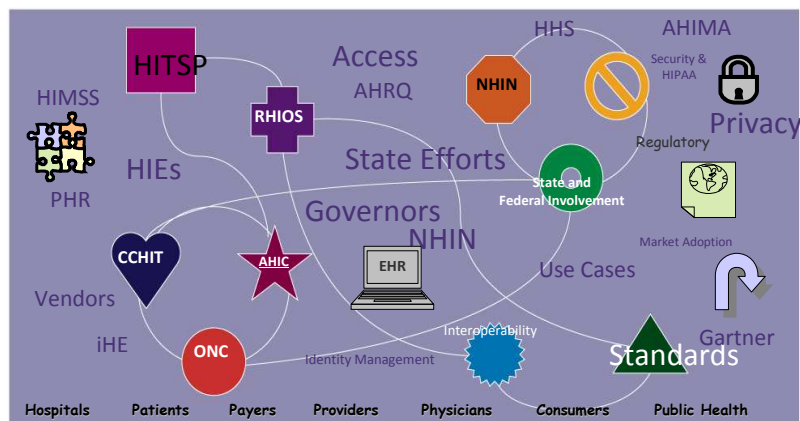
The Arizona Approach

Effective health information exchange (HIE) is required to ensure quality care is delivered to Arizona residents at a reasonable cost.

The Governor Signed Executive Order that :

Required a roadmap to address to improve quality and reduce costs of health care in Arizona by:

Roadmap Projects

- Arizona Health Privacy Project – RTI Grant
- Rural Health Information Technology Adoption Grants

State and Regional Initiatives

- AHCCCS Medicaid Health Information Exchange Utility (HIeHR)
- Southern Arizona Health Information Exchange (SAHIE)
- Community Access Program Arizona-Mexico (CAPAZ-MEX)
- Arizona Rural Community Health Information Exchange (ARCHIE)
- Established Not-for-Profit Arizona Health-e Connection December 2006
- Participation in HISPC project

Effective health information will benefit you, your family, your friends and the greater community(ies) in which you reside.

- Provides a vehicle to **support improved patient care quality and safety**
- Provides a mechanism to **reduce duplication of services** and reduce healthcare costs
- Facilitates **operational and administrative efficiencies** resulting in reduced operational costs
- Enables the **integration of sick (illness)-care with well-care**
- **Stimulates consumer education** and involvement in their healthcare process
- Provides oversight for the timely resolution of stakeholder issues
- **Enables public health** to meet its commitment to the community
- Facilitates the **efficient deployment** of emerging technology and healthcare services– such as e-prescribing
- Provides the **backbone technical infrastructure** for leverage by the NHIN and state level HIT initiatives

Convergence of Health Care Delivery and Technology to Speed the Evolution of the Healthcare System

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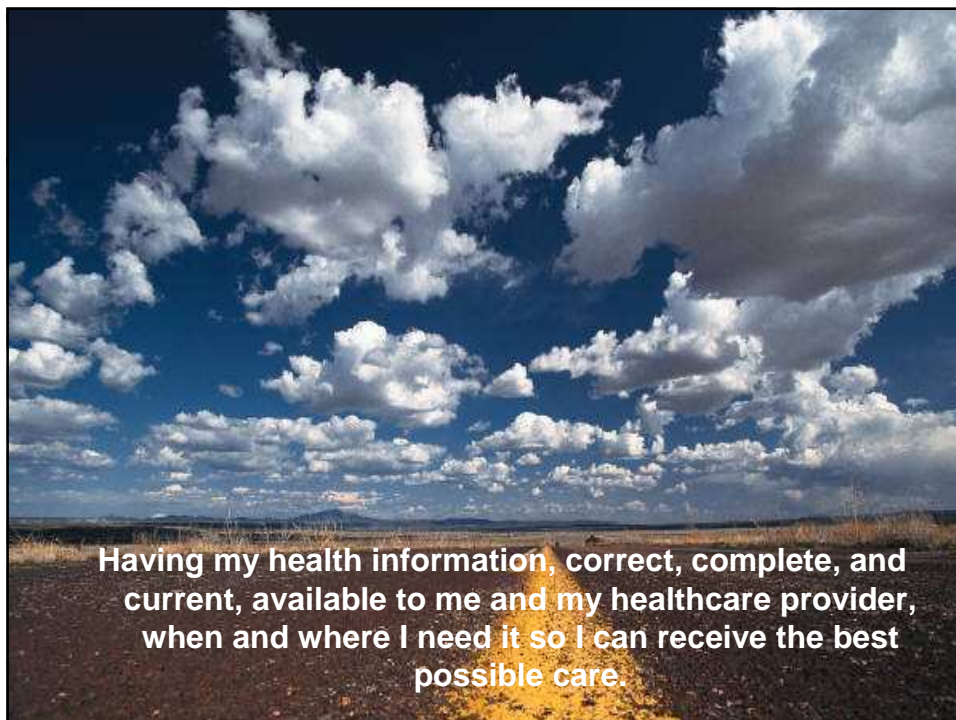
Having my health information, correct, complete, and current, available to me and my healthcare provider, when and where I need it so I can receive the best possible care.

Our first objective is to help you understand how to recognize and describe an effective RHIO.
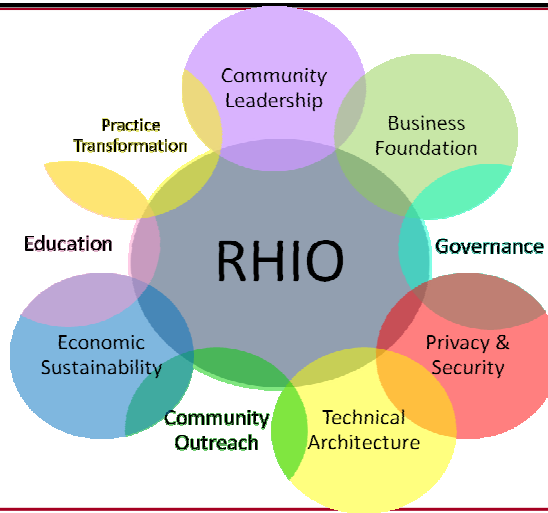
Community Leadership

The recognition by community leaders that HIE has value and should be pursued for the betterment of the community.

Business Foundation

Develop the business case for HIE. Work with key stakeholders to understand the value that HIE provides for them

Governance

Defines expectations, roles and responsibilities, decision-making, and accountability.

Privacy & Security

Protect health information from exposure to accidental or inappropriate disclosure, unauthorized access or modification.

Technical Architecture

The hardware, software, applications, networks, and standards and protocols used to connect the exchange and enable the policies and processes

Community Outreach

Build community support for the RHIO to enable service to a broad constituency

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Economic Sustainability

The RHIO has the financial means to continue to operate at a satisfactory financial level

Education

Educates the participants of HIE in the specific skills, processes, tools and techniques for a successful transition to a RHIO

Practice Transformation

Align the processes, procedures, and systems of providers with the operational processes, procedures and systems of the RHIO

Components for a Successful RHIO
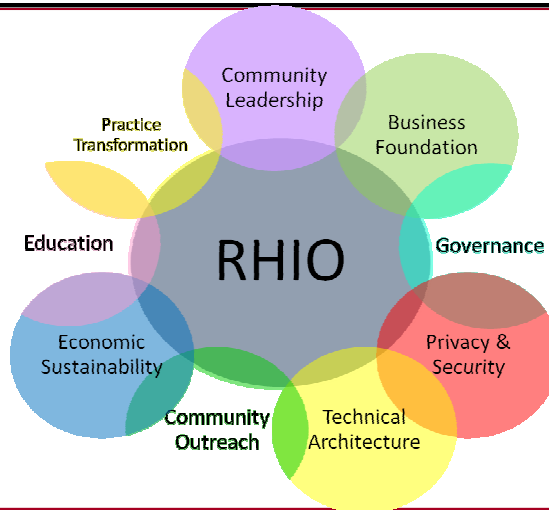
Moving from
Understanding to *Action*

Three Stages of RHIO Creation

Stage 1 Pre-formation
Stage I is the state of a community's beginning to gain familiarity with HIE.

Stage 2 Formation
Stage 2 ranges from the initial meeting, through planning and organization of the RHIO to the actual pilot of information exchange.

Stage 3 Operation
Stage 3 denotes an organization is exchanging health information in an operational (post-pilot) mode.

Three stages of RHIO Creation

Stage 1 – Pre-formation

Stage I is the state of a community's beginning to gain familiarity with
HIE. Those in this stage have limited or no awareness of HIE.
They have taken no action regarding HIE in their community.

- Level of knowledge – little awareness
- Recognition of Benefits – unaware of potential benefits
- Commitment of Leadership – undefined
- Involvement of Community – scattered, unorganized
- Status of Funding – none

Three stages of RHIO Creation
continued

Stage 2 – Formation

A community moves to Stage II when they convene their first meeting
on HIE. This stage progresses from the initial meeting, through
planning and organization of RHIO to the actual pilot of information
exchange.

- Level of knowledge   sufficient to organize, continues to grow &
  expand
- Recognition of Benefits   aware of potential benefits to the various
  stakeholders
- Commitment of Leadership – clearly defined and engaged
- Involvement of Community– key stakeholders engaged with
  common goal
- Status of Funding – initial start-up funding secured, others
  funding sources identified, business planning started

Three stages of RHIO Creation
continued

Stage 3 – Operation

A community moves to Stage III when they exchange health information in an operational (post-pilot) mode.

- Level of knowledge – broad and deep understanding of HIE, may be seen as HIE subject matter experts
- Recognition of Benefits – achieving measurable benefits
- Commitment of Leadership – Actively promoting HIE in the community and beyond, leadership succession plans in place
- Involvement of Community– all stakeholders actively engaged and supportive
- Status of Funding – financially sustainable business model in place and operational

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Where is Arizona in the Process?

- Knowledge about HIE in general and local RHIO development is limited
- The workshop participants understood the need to involve the community leadership and they generally knew who in their community should attend.
- Nearly all of the workshop participants were looking to GITA for direction and help in getting started
- 68% of the Readiness Assessment responses were either "does not exist" or "don't know"
- Nearly all of the workshop participants expressed support for HIE and numerous people volunteered to start an effort in their community

Roadmap to Success:
Key Components – The Beginning

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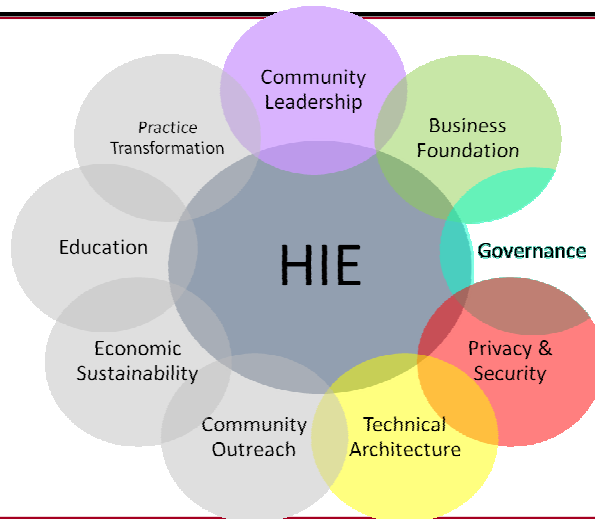
Developing effective **Community Leadership** is your primary objective

Actions
- Engage the Key Decision Makers
- Educate the Community About HIE
- Build Stakeholder Support
- Identify the RHIO Project Parameters
- Assess community readiness for HIE

The recognition by community leaders that HIE has value and should be pursued for the betterment of the community.

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Developing the **Business Foundation** on which the RHIO can operate in a business-like manner is essential

Actions

- Determine the wants and the needs within the community for HIE
- Work with key stakeholders to understand the value that HIE provides for them
- Determine initial services the RHIO will provide
- Develop the business case for the RHIO
- Establish RHIO critical success factors
- Identify initial funding requirements
- Establish funding plans
- Create the financial pro forma
- Determine whether to build or join a RHIO

The business model for the exchange is developed based upon specific needs and requirements of the community.

Along with developing a viable business foundation is the need to develop an approach to **Governance**.

Actions

- Identify and Select the Organizational Leadership
- Create the Vision and Establish the Mission
- Develop the Operating Principles
- Determine and Approve the Governance Model
- Determine the RHIO model
- Draft and Approve the Business Associate Agreements
- Identify and Approve the Board of Directors
- Develop the Operating Policies and Procedures
- Define Roles and Responsibilities
- Obtain formal legal status

**The creation of the entity's decision-making structure.
Sets the direction for the RHIO.**

In order to be successful, the RHIO must develop a viable approach to Privacy and Security of personal information.

Actions
- Identify and implement Privacy and Security Standards
- Develop Privacy and Security Policies Including:
  - Authorization
  - Authentication
  - Access to Data
  - Audit of Privacy and Security Policies
  - Use and Reuse of Data
- Define Accountability for Inappropriate Behavior

The protection of personal health information from exposure to accidental or inappropriate disclosure, access or modification.

Then, but not first, the RHIO must develop a high level Technical Architecture.

Actions
- Determine Business Support Requirements
- Determine Appropriate Technology Standards
- Design Exchange Architecture
- Research technical options
- Design the technical architecture
- Develop the technical architecture
- Implement the technical architecture

The description of hardware, software, applications, networks, and standards and protocols used to connect the stakeholders and enable the process of exchange

Key Challenges
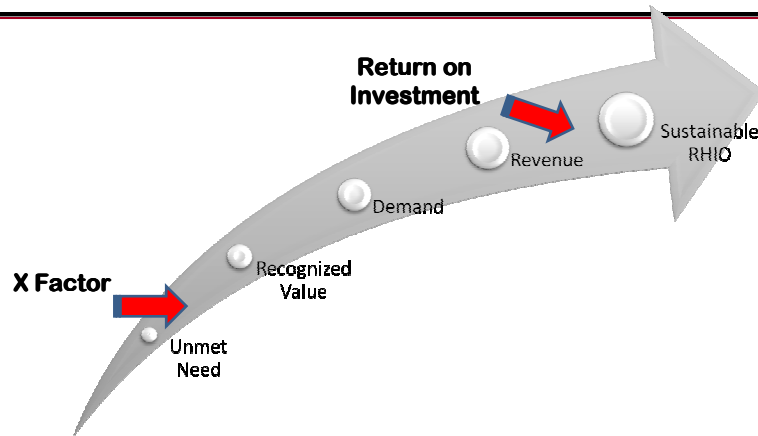
- Obtain *long-term commitment* from local, state and federal communities, organizations and governments
- Establish consistent *stakeholder value* for participating in the RHIO
- Set *realistic expectations*
- Identify long term *sustainable business* strategy
- *Align incentives* with investments
- Identify long term *sustainable funding* sources for the organization
- Establish *sustainable governance* structure for the organization
- Maintain the *privacy and security* of Protected Health Information (PHI)
- Facilitate *rapid adoption* of electronic healthcare records – (*paper kills*)
- Adopt and harmonize *data standards*

Lessons Learned

- RHIOs are and will continue to be an *emerging market*.
- **Unrealistic expectations** – too much, too fast expected from RHIOs cause inordinate financial & delivery stress.
- *Misaligned incentives* and expectations cause stakeholders to lose confidence and ignore / abandon the organization
- **ROI is achieved over time** and from the organization's business model which should include driving business change and services as part of the ROI
- Keep It **Simple to Start**
- **Involve** key stakeholders early
- Use the model of **small business start-up**

Find the value proposition early based upon your community's wants, needs, issues, and concerns.

What Is Success? There is no "one right answer" as to what "success" looks like.

Return on Investment

Sustainable RHIO

Revenue

Demand

Recognized Value

X Factor

Unmet Need

The community will provide the definition of a successful RHIO

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What Does a Successful RHIO Look Like?

Network Type	Examples	Example Benefits	Biggest Challenge
Organizational	Integrated delivery systems, hospital chains	Effort of exchanging data internally is aligned with business outcomes	Extra-organizational exchange is needed for care provided in other organizations
Geographic	RHIOs, jurisdictional HIEs	Non-proprietary exchange	Struggle to achieve sustainable business models
Personally Controlled	Health data banks: Microsoft, Google, Intel	Consumer access to, and control of, health information	Based on point to point connections, have challenges in supporting provider data access

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Examples of Services Offered

Service	Overall	Advanced
Results Delivery	30%	75%
Clinical Documentation	27%	63%
Enrollment or Eligibility Checking	26%	54%
Consultation/Referral	21%	54%
Alerts to Providers	19%	48%
Disease or Chronic Care Management	18%	32%
Disease Registries	14%	
QI Reporting for Clinicians	12%	
Reminders	12%	33%

Source: Department of Health and Human Services, February 2008

Example Sources of Revenue

Funding Source	2007	2006
Hospitals	58%	54%
Payers – Private	46%	19%
Physician Practices	46%	33%
Payers – Public	38%	18%
Laboratories	33%	42%
Federal Government	29%	17%
Philanthropic Organizations	29%	21%
State or Local Government	21%	26%
Purchasers/Employers	17%	0%
Pharmacies	13%	11%
Pharmaceutical Companies	4%	6%

Source: Department of Health and Human Services, February 2008

Help and Assistance is Available

Arizona will provide assistance to help leaders like you get started.

- Formation Guide
- Getting Started Key Questions for the community and stakeholders
- Engaging Stakeholders
- RHIO Mission/Vision examples
- RHIO/HIE Web Resources
- Grants may be available

What You Can Do Now

Given your community's current position, what steps can **YOU** take to prepare for a RHIO?

Questions

Next Steps

- We will send you your anticipated action steps
- We will call your contact person in one week to follow-up on your progress
- Provide assistance to you to move from the pre-formation to formation stage

For Additional Information Please Contact

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